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FACSIMILE TRANSMITTAL SHEET

To: Examiner Jonathan M. Foreman – Group 3736

FIRM/COMPANY: U.S. Patent and Trademark Office
Mail Stop Amendment

FACSIMILE NUMBER: 571.273.8300

**CONFIRMATION
TELEPHONE:**

FROM: Edward J. Lynch

DIRECT DIAL: 415.957.3067

DATE: January 3, 2007

USER NUMBER: 5119

FILE NUMBER: Attorney Docket No. R0367-00401;
Serial No. 09/981,525

**TOTAL # OF PAGES:
(INCLUDING COVERSHEET)** 13

MESSAGE: Please see the attached Amendment and Response to Office
Action and Terminal Disclaimer.

NOTE: Original will not follow

CONFIDENTIALITY NOTICE

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the application of) Examiner: Jonathan M. Foreman
 Burbank et al.)
 For: TISSUE ACQUISITION SYSTEM AND) Group Art Unit: 3736
 METHOD OF USE)
 Serial No.: 09/981,525)
 Filed: October 16, 2001)
 Docket No.: R0367-00401)

AMENDMENT AND RESPONSE
TO OFFICE ACTION MAILED07/05/2006

CERTIFICATE OF MAILING/FACSIMILE PURSUANT TO 37 C.F.R. §1.8

I hereby certify that these papers are being sent by facsimile to (571) 273-8300, addressed to Examiner Jonathan M. Foreman, at Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on January 3, 2007,
 in San Francisco, CA.

Sripa Kirjonen

Mail Stop Amendment
 Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

Dear Sir:

1. Transmitted herewith for filing in the above-identified patent application is an Amendment and Response to Office Action Mailed 07/05/2006, and Terminal Disclaimer.
2. Claim Fee Calculation

No additional claim fee is required.
 Amendment increases number of claims or multiple dependencies.

Additional Claim Fee Calculation

Description	Fee Code	Claims	Extra	Rate	Fee
Independent Claims	2201	2-3=	0 x	\$100=	\$0
Total Claims	2202	13-19=	0 x	\$25=	\$0
Fees Due.....					\$0

3. Additional fees: Request for Extension of Time for three (3) months from October 5, 2006 to January 5, 2007, pursuant to 37 CFR §1.17(a)(3).....\$510.00
Terminal Disclaimer fee under 37 CFR 1.20(d).....\$65
Total Fees Due..... \$575

4. Payment of Fees

Enclosed is a check for the total fees due in the amount of _____.
 The Commissioner is authorized to charge the additional fees, and any other fees due, and to credit any overpayment of fees set forth under 37 C.F.R. §1.16 or §1.17, to Deposit Account No 04-1679, referencing Atty. Docket No. R0367-00401. A duplicate copy of this document is enclosed for fee processing.

By:

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